

FEE TRANSMITTAL For FY 2006

PTO/SB/17 (07-06)

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	Complete if Known				
	Application Number	10/697,256-Conf. #9221			
	Filing Date	October 31, 2003			
	First Named Inventor	r Kazuo OKADA M. Shah			
	Examiner Name				
	Art Unit	3712			
	Attorney Docket No.	SHO-0054			

Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3712						
TOTAL AMOUNT O	F PAYMENT	(\$) 910.00		Attorney Docke	t No.	SHO-0054					
METHOD OF PAY	MENT (check	all that apply)									
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Character (a) indicated below.											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION	ON						****				
1. BASIC FILING, SE							_				
	FIL	ING FEES Small Entity	SE	ARCH FEES Small Entity		INATION FEE: Small Entity	_				
Application Type	Fee (\$)		Fee (\$		Fee (\$			Paid (\$)			
Utility	300	150	500	250	200	100	- '				
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM F	EES							Small Entity			
Fee Description							Fee (\$)	Fee (\$)			
Each claim over 20 (	U	,					50	25			
Each independent cla	,	uding Reissues)					200	100			
Multiple dependent of	laims						360	180			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depende						
HR = highest number of	total claims paid for	if greater than 20				Fee (\$)	Fee Paid (\$	3			
HP = highest number of total claims paid for, if greater than 20.											
Indep. Claims Extra Claims Fee (\$)			Fee Paid (\$)								
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZ	E FEE										
If the specification a											
		the application sizes 5 U.S.C. 41(a)(1)				entity) for each	additional 50	)			
Total Sheets	Extra Sheet:			idditional 50 or fr		eof Fee (\$)	Foo I	Paid (\$)			
	0 =	/50	UI GAVII G	(round up to a w			=	uiu (v)			
4. OTHER FEE(S)	-			, <b>(</b> ,			Fees	Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late fi	120.00										
	$\frac{1}{2}$	1801 Request	tor con	tinued examin	ation (RC	) (see 3/	79	0.00			
SUBMITTED BY	/ //										
Signature (///	W.			Registration No. (Attorney/Agent)	29,21	1 Telephone	(202) 95	5-3750			
Name (Print/Type) Carl/Schaukowitch						Date	January 17, 2007				

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